

	APOLLO HOSPITALS,SECUNDERABAD	PRE – 03
		Issue: C
	POLICY ON INFORMED CONSENT	Date:06-01-2017
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PREPARED BY: Dy.Medical Superintendent	APPROVED BY: Chief Executive Officer	

1.0 Purpose:

To ensure participation of patient/ surrogate decision maker in decision making at every level of care.

To explain the benefits, risks and alternatives to the care provided

2.0 Scope:

Hospital Wide

3.0 Procedure:

1. An informed consent shall be obtained through a process defined by the organization and carried out by person performing the procedure according to the legal norms.
2. An informed consent is when the patient has been provided with sufficient information so that he/she understands the nature of his/her condition, the nature and purpose of the proposed treatment, the risks and consequences of the procedure or treatment, the feasible alternative procedure or treatment and the consequences if the procedure is not performed nor any treatment given.
3. The treating physician or his assignee doctor shall discuss in lay terms the procedure, its risks, benefits and alternatives with the patient or the patient's surrogate. The responsible physician or his assignee shall



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document the discussion by obtaining the patient's or his surrogate's written informed consent.

4. The priority order of surrogate decision maker shall be spouse, adult children, parents, adult siblings, adult grandchildren, close friend or significant other.

Types of consent:

- a. **Implied consent** in Medical Emergency: Consent shall be implied either by words or behavior of the patient or the circumstances under which the treatment is given. Consent in emergencies shall be implied if the condition of the patient precludes his/her ability to make a decision regarding treatment or procedures.
- b. **Specific consent** shall be used when the treatment is likely to be more than mildly painful and carries appreciable risk. This type of consent shall be used for all procedures performed in the Main Operation Theatres also for non- routine diagnostic or therapeutic/ invasive procedures and investigations performed in the hospital. The consent forms used in the hospital shall include, but not limited :



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- Consent form for procedure, treatment, anaesthesia & high risk consent
- Consent for blood and blood component transfusion
- Consent for Dialysis
- Consent for Cardiothoracic Surgery
- Consent for cadaver organ donation
- TMT Consent
- Consent for Physiotherapy
- Consent for MRI
- Consent for CT
- Consent for HIV Screening
- Form F Consent(for pre natal diagnostic procedures)
- Consent for Substance Abuse screening
- Consent for applying restraint to the patient.

c. **GENERAL CONSENT:** This consent shall be signed by every patient during the admission process and new registration. This is a limited consent, which is part of the basic medical record; this consent of authorization is only for basic investigation, treatment. The scope the general consent shall be explained to the patient/ his family members.

5. It shall be the responsibility of the person obtaining the consent to ensure that the consent form is properly filled and that the patient or the surrogate decision maker has initialed all modification or deletions.

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6. A witness shall also sign in the consent form. A witness shall be anybody among family members / friends. A witness signs in agreement that the patient /surrogate decision maker has been given adequate information and fully understood and agrees to the decision taken by the treating doctor/assignee.